

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Glenn Bowen
(Name of Plaintiff) (Inmate Number)

181 Paddock Road Smyer 19977
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) STATE OF DELAWARE ATTORNEY GENERAL OFFICE
(2) STATE POLICE TRCP 3
(3) Department of Corrections
(Names of Defendants)

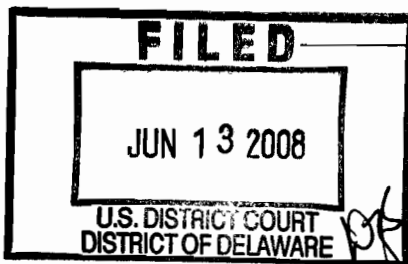
(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

CIVIL COMPLAINT

• • Jury Trial Requested

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ~~Yes~~ ••No
- C. If your answer to "B" is Yes:
1. What steps did you take? _____

 2. What was the result? _____

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Guangxi Fitzgerald Civera
Employed as n/a at _____
Mailing address with zip code: 1181 Poddick Road Smyrna 19477

- (2) Name of second defendant: _____
Employed as Department of Corrections at 1181 Poddick Road Smyrna 19477
Mailing address with zip code: _____

- (3) Name of third defendant: Business Officer Department of Corrections
Employed as _____ at _____
Mailing address with zip code: _____
1181 Poddick Road Smyrna 19477
(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. THE Department of Corrections has BROKE my ACCOUNT WITHOUT MY PERMISSION ASKED MY FINE WAS ALREADY PAID-UP 2. MY PROPERTY WAS BROKE BY THE Department of Corrections

- 2.
- 3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I WANT THE COURT MAKE THE Department of Corrections TO PAY FOR MY THING AND GIVE MY MUCKY BACK PAY FOR PAY IN SUFFERS

~~5000~~ \$5000,000,00

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 15 day of June, 2008.

Gary Carr
(Signature of Plaintiff 1)

Gary Carr
(Signature of Plaintiff 2)

Gary Carr
(Signature of Plaintiff 3)

WM GUANG FING LEE
SBI# 00180801 UNIT C Building
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

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